



## Application Data Sheet

### Application Information

Application Type:: Regular  
Subject Matter:: Utility  
Title:: SELF-LOCKING STRAP ASSEMBLY  
Attorney Docket Number:: S93.12-0001  
Request for Non-Publication?:: No  
Suggested Drawing Figure:: FIG. 1  
Total Drawing Sheets:: 7  
Small Entity?:: Yes

### Applicant Information

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Given Name:: Stephen W.  
Family Name:: Johnson  
City of Residence:: St. Francis~~Columbia Heights~~  
State or Province of Residence:: MN  
Country of Residence:: US  
Street of Mailing address:: 23450 Nightingale St NW~~5029 6th~~  
~~Street NE~~  
City of Mailing address:: St. Francis~~Columbia Heights~~  
State of Province of mailing address:: MN  
Postal or Zip Code:: 55070~~55421~~

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Given Name:: Christopher J.  
Family Name:: Voges  
City of Residence:: Eden Prairie  
State or Province of Residence:: MN  
Country of Residence:: US

Street of Mailing address:: 13053 Crimson Clover Lane  
City of Mailing address:: Eden Prairie  
State of Province of mailing address:: MN  
Postal or Zip Code:: 55347

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Given Name:: Callahan  
Family Name:: Callahan  
City of Residence:: Minneapolis  
State or Province of Residence:: MN  
Country of Residence:: US  
Street of Mailing address:: 550 36 1/2 Ave NE  
City of Mailing address:: Minneapolis  
State of Province of mailing address:: MN  
Postal or Zip Code:: 55418

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Given Name:: Jason A.  
Family Name:: Doolittle  
City of Residence:: Ham Lake~~Shoreview~~  
State or Province of Residence:: MN  
Country of Residence:: US  
Street of Mailing address:: 2504 162nd Avenue NE~~1021 Carmel~~  
~~Court~~  
City of Mailing address:: Ham Lake~~Shoreview~~  
State of Province of mailing address:: MN  
Postal or Zip Code:: 55304~~55126~~

**Correspondence Information**

Name:: Todd R. Fronek

Street of mailing address:: Westman, Champlin & Kelly  
900 Second Avenue South, Suite 1600  
City of mailing address:: Minneapolis  
State or Province of mailing address:: MN  
Postal or Zip Code of mailing address:: 55402-3319  
Phone number:: 612/334-3222  
Fax number:: 612/334-3212

# **Representative Information**

Representative Designation::	Registration Number::	Representative Name:
Primary	20147	Nickolas E. Westman
Primary	34797	Judson K. Champlin
Primary	34847	Joseph R. Kelly
Primary	36188	Steven M. Koehler
Primary	34557	David D. Brush
Primary	38354	John D. Veldhuis-Kroeze
Primary	39758	Theodore M. Magee
Primary	35612	Deirdre Megley Kvale
Primary	42413	Christopher R. Christenson
Primary	41885	Brian D. Kaul
Primary	45466	Nathan M. Rau
Primary	45844	Christopher L. Holt
Primary	45956	Alan G. Rego
Primary	48516	Todd R. Fronek
Primary	49027	Linda P. Ji
Primary	53675	Leanne R. Taveggia
Primary	24383	Robert M. Angus
Primary	32015	David C. Bohn
Primary	30214	Z. Peter Sawicki
Primary	48774	Peter J. Ims
Primary	51655	Bryan F. Erickson

**Domestic Priority Information**

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This application			MM/DD/YY

**Foreign Priority Information**

Country::	Application number::	Filing Date::	Priority Claimed::
		MM/DD/YY	Yes or No

**Assignee Information**

Assignee name::

Street of mailing address::

City of mailing address::

State or Province of mailing address::

Country of mailing address::

Postal or Zip Code of mailing address::